



## N.C. Department of Health and Human Services Employee Credentials Verification Form

Schools	Name and Location	Dates Attended (mo/yr) From:      To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

I certify that I have given true, accurate and complete information on my application for employment (or other information submitted for consideration in employment, including resume), to the best of my knowledge. I understand that I am employed in a probationary status and that I will not be granted permanent status in my position until my credentials are verified.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>

<b>PRINT EMPLOYEE FULL NAME</b>
Include maiden name or prior name(s) used while attending the institution(s) listed.

### Authorization for Release of University/Institution Transcripts

If confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements on documents submitted for employment consideration and understand that false information may be grounds for rejection of my application and/or dismissal. In addition, I understand that I am responsible for the payment of any charges or fees incurred if they are required for official transcripts and/or credential verification services.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:**

***Some Academic institutions are now charging for credentials verifications.  
If there is a charge you will be responsible for paying any necessary fee(s).***

**Employee completes and returns this form to their HR office.**



## N.C. Department of Health and Human Services Request for Credentials Verification

Dear Registrar,

We are in the process of verifying educational credentials required for:

<b>PRINT EMPLOYEE FULL NAME</b> Include maiden name or prior name(s) employee used while attending the institution(s) listed.

The employee has given authorization for the release of university/institution transcripts as part of the employee verification process. The employee understands that it is his/her responsibility to pay for any charges or fees required to obtain official transcripts and/or credential verification services. Please complete the information in the box located at the bottom of this page and include the official school seal or university stamp.

Return this form to:

**NC DHHS, Office of the Secretary – Human Resources  
Attention: Personnel Manager  
2007 Mail Service Center  
Raleigh, NC 27699-2007**

Thank you for your assistance.  
Sincerely, Personnel Manager

UNIVERSITY CREDENTIALS VERIFICATION				
Institution Name: _____				
Name Under which degree/diploma was awarded: _____				
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Social Security Number</b>	
<b>Enrollment Period</b>			<b>Hours Completed</b>	
From	To		Semester	Quarter
Year Graduated:				
Did Student Receive Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Degree:				
Major(s):				
Did Student Receive Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Diploma:				
<b>Registrar's Signature</b>				<b>Date</b>